

# QUALITY IMPROVEMENT SERIOUS INCIDENT REPORT OF FINDINGS-ADS

***To be completed and submitted to Quality Improvement Department  
within thirty (30) days of occurrence of incident***

Provider (Program) Name: <input type="text"/>	
Name of Client: <input type="text"/>	Client Case Number: <input type="text"/>
Date of Incident: <input type="text"/>	RCA Required? <input type="checkbox"/> YES <input type="checkbox"/> NO RCA Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO

**1. Summary of Findings:**

(Outline any clinical case conferences, meetings or investigations you conducted. Also attach copies of related newspaper articles, coroners and toxicology reports, etc.)

***Continued on Page 2***

**2. Post Committee Recommendations/Planned Improvements:**

***Continued on Page 2***

Report Completed By: <input type="text"/>	Email: <input type="text"/>
Program Manager Signature: <input type="text"/>	Print Name: <input type="text"/>
Date Completed: <input type="text"/>	Date Faxed to County QI: <input type="text"/> Contact Phone #: <input type="text"/>

**FAX #: (619) 236-1953**  
**Quality Improvement Unit**

Serious Incident Report Line: (619) 563-2781  
County of San Diego Behavioral Health Services

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*Continued from Page 1*

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